

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 29 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12282004 REIN-P CR2E098 (6/04)

MRS

DOCUMENT # P99000033752			
1. Entity Name SAM MINIEA FAMILY HOLDINGS, INC.			
Principal Place of Business 19 GATEHOUSE ROAD FORT LAUDERDALE, FL 33308		Mailing Address 19 GATEHOUSE ROAD FORT LAUDERDALE, FL 33308	
2. Principal Place of Business 298 South Drive		3. Mailing Address 298 South Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Islamorada, FL		City & State Islamorada, FL	
Zip 33036	Country USA	Zip 33036	Country USA
4. FEI Number 65-0910968		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MINIEA, SAM A 19 GATEHOUSE ROAD FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Michael Miniea 305 853 0552 Street Address (P.O. Box Number is Not Acceptable) 298 South Drive City Islamorada FL Zip Code 33036	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 12/29/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00		REINSTATEMENT 04	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINIEA, SAM A 19 GATEHOUSE ROAD FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Michael Miniea 298 South Drive, Islamorada, FL 33036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D S.A. Miniea 298 South Drive, Islamorada, FL 33036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043712483 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date 12/29/04 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305 853 0552			



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032

REFERENCE : 112016 82279A

AUTHORIZATION :

COST LIMIT : \$ 758.75 *Patricia Pizote*

ORDER DATE : December 29, 2004

ORDER TIME : 9:54 AM

ORDER NO. : 112016-005

CUSTOMER NO: 82279A

CUSTOMER: Jeffrey S. Tanen
Goldstein & Tanen, P.a.
Suite 3700, One Biscayne Tower
Two South Biscayne Boulevard
Miami, FL 33131

DOMESTIC FILINGS

NAME: SAM MINIEA FAMILY HOLDINGS,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956
EXAMINER'S INITIALS _____

RECEIVED
04 DEC 29 AM 10:40
DIVISION OF CORPORATION